

HIV/AIDS in Nicaragua and USAID Involvement

HIV/AIDS was detected in Nicaragua much later than in other Latin American countries; the first cases were reported in 1987. Ten years of civil conflict and a U.S.-imposed economic embargo isolated the country and likely delayed the appearance of the disease. In addition, a low incidence among injecting drug users (IDUs), a prohibition on commercial blood sales, and a relatively controlled commercial sex industry slowed the spread of HIV/AIDS.

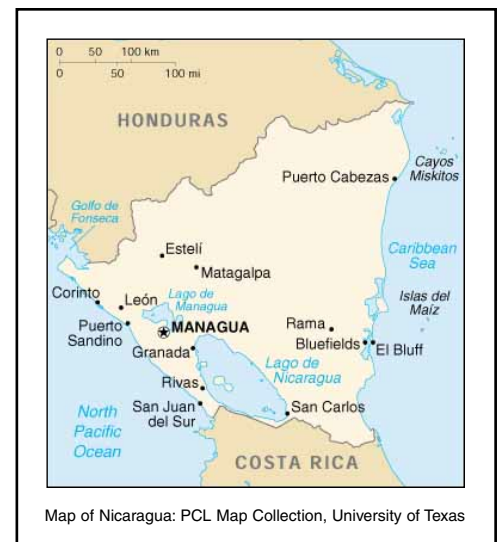
Although prevalence has remained relatively low, incidence is increasing among commercial sex workers (CSWs) and men who have sex with men (MSM). Population mobility, especially among migrant workers, and a culture that stigmatizes condom use contribute to the spread of HIV/AIDS in Nicaragua. According to USAID/Nicaragua, preconditions for a serious epidemic are present. These include a lack of recognition of the epidemic as a threat, a dearth of reliable HIV/AIDS data, a need for better training of service providers, a need for improved voluntary counseling and testing services, and a need for enactment of human rights guarantees for persons living with HIV/AIDS.

As of December 2001, the Ministry of Health (MOH) had recorded 757 HIV/AIDS cases. Seventy-five percent of these cases occurred among men between the ages of 22 and 44 years. A total of 188 Nicaraguans have died of AIDS. The male/female infection ratio is 3:1.

The MOH reports that 65 percent of HIV/AIDS cases occur through heterosexual transmission, while 35 percent are transmitted via MSM. However, homosexual and bisexual transmission are thought to be underreported, and heterosexual transmission overreported. Three percent of cases occur through transmission from mother to child. The Nicaraguan Red Cross reports blood donors' prevalence of 2.5 per 10,000 over the last 10 years.

- According to the Pan American Health Organization (PAHO), approximately 4,800 adults are living with HIV/AIDS, with an adult prevalence of 0.2 percent.
- HIV incidence rose from 0.77 per 100,000 in 1987 to 3.23 per 100,000 in January 2002.
- According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), fewer than 100 children under the age of 15 had been infected by 1999 and 520 children under 15 had lost their mother or both parents to AIDS.

HIV/AIDS in Nicaragua is primarily concentrated in its major cities; Managua and Chinandega account for 58 percent of all cases. Available data from a 1997 study of CSWs and MSM indicate that HIV prevalence among female sex workers was less than 1 percent in



Managua, Corinto, and Bluefields, and 2 percent among MSM in Managua. Various studies indicate that although the general population has a basic knowledge of HIV/AIDS and HIV prevention methods, actual condom use is very low. According to USAID/Nicaragua, the HIV risk vulnerability of housewives in Chinandega is twice that of CSWs.

NATIONAL RESPONSE

The National Program for the Prevention and Control of HIV/AIDS and Sexually Transmitted Infections (STIs) (NACP) was established in 1998. The program is part of the General Directorate of Hygiene and Epidemiology within the MOH. The NACP is decentralized, with local health care systems coordinating HIV/STI prevention, control, and education with regional hospitals, primary care health centers, and health posts. The NACP established a national strategic plan for the prevention of HIV/STIs, and manages the Program on School Health, which coordinates educational activities in the schools. The MOH initiated Nicaragua's HIV/STI strategic planning process in 1998, with technical assistance from UNAIDS and the USAID-supported Central American HIV/AIDS Prevention Project (Proyecto Accion SIDA de Centroamerica, or PASCA). The plan, to be implemented in 2001-2005, was designed in collaboration with civil society groups, people living with HIV/AIDS, government institutions, and international organizations. Current NACP priorities include:

- Implementation of the national HIV/AIDS strategic plan focusing on sexual prevention, blood transmission prevention, perinatal prevention, and integrated management of persons living with HIV/AIDS;
- Strengthening epidemiological surveillance;
- Improving the quality and confidentiality of services to vulnerable populations; and
- Implementing the school health program, with a focus on HIV/AIDS and STI prevention.

In addition to the approval of the "Law for the Promotion, Protection and Defense of Human Rights in Connection with AIDS," which strengthened national coordination on information, education, prevention and control of HIV/AIDS, Nicaragua recently approved the "Law for the Security of Transfusions." This second law requires that public and private health care organizations screen blood for HIV antibodies prior to any procedure.

Although the number of people living with HIV/AIDS in Nicaragua is still relatively low, the country is beginning to grapple with the challenge of providing appropriate care to those infected with the disease. The MOH has indicated that improving availability of medicines to treat opportunistic infections and prevent mother-to-child transmission

Key Population, Health, and Socioeconomic Indicators		
Population	4.9 million	U.S. Census Bureau 2001
Growth Rate	2.2%	U.S. Census Bureau 2000*
Life Expectancy	Males: 67 Females: 71	U.S. Census Bureau 2000*
Total Fertility Rate	3.2	DHS 2001**
Infant Mortality Rate	31 per 1,000 live births	DHS 2001**
Maternal Mortality Ratio	106 per 100,000 live births	PAHO 1998-2000
GNP per capita (US\$)	\$420	World Bank 2000
Public health expenditure as % GDP	12%	World Bank 1998 PNUD 2000
Adult Literacy (% of people 15 and above)	Males: 67.1% Females: 70.5%	UNESCO 2001

*From U.S. Census Bureau 2000 HIV/AIDS country profiles, which included data from U.S. Census Bureau, Population Reference Bureau, UNAIDS and WHO. *Revision del Gasto Publico en Servicios Sociales Basicos*, PNUD 2000.

** DHS 2001 from the preliminary draft report of the Nicaragua 2001 DHS.

(MTCT) of HIV is critical to the success of Nicaragua's HIV/AIDS program. The MOH has already defined therapeutic protocols to give AZT to all HIV seropositive pregnant women from the 15th week of pregnancy until the sixth week after delivery. PAHO will assist in developing a revolving fund strategy to support this initiative and increase access to antiretroviral (ARV) therapy.

USAID SUPPORT

As the largest bilateral health sector donor in Nicaragua, the **U.S. Agency for International Development (USAID)** allocated \$500,000 toward HIV/AIDS prevention activities in Nicaragua in FY 2001. USAID/Nicaragua's multifaceted response to HIV/AIDS is still evolving. The Mission's objective is to prevent the development of a generalized epidemic in Nicaragua through focused interventions targeting MSM, CSWs, adolescents, and young adults. Expanding condom availability and usage and increasing detection of STIs are also high priorities.

In line with these priorities, USAID currently supports the following activities in Nicaragua:

- Development of a behavior change communication strategy that will update policymakers on the HIV/AIDS situation in Nicaragua, and provide a framework for mobilizing public, private, and international donor resources to implement appropriate interventions;
- Condom provision to the HIV/AIDS Prevention and Control Program of the MOH;
- Condom provision to nongovernmental organizations (NGOs) through the International Planned Parenthood Affiliate, PROFAMILIA;
- Technical assistance to NGOs in the area of institutional strengthening (strategic management, management and adolescent counseling workshops), advocacy, and social marketing through the Development Training Project and PASCA;

- Advocacy for the National AIDS Strategic Plan; and
- Advocacy for enactment of Law 238: "Promotion, Protection and Defense of Human Rights in Relation to AIDS."

In addition to direct bilateral assistance, Nicaragua benefits from the PASCA regional activity (see below). As the largest regional HIV/AIDS donor, USAID allocated \$3.7 million toward Central American regional HIV/AIDS activities in FY 2001.

USAID-SUPPORTED NGOS

Through an agreement with **Johns Hopkins University (JHU)**, USAID is implementing a nationwide information, education, and communication campaign. JHU is also managing a \$100,000 subgrant to Nimehuatzin, a leading NGO dedicated to HIV/AIDS prevention. Nimehuatzin is implementing programs in some of the hardest-hit communities, including Chinandega, an area with the second highest concentration of HIV/AIDS in Nicaragua. The Chinandega program seeks to explain the increase in STI and HIV/AIDS cases among border populations and the rise of HIV transmission via men with their wives.

In early 2002, a second NGO sub-grant program financed by USAID/Nicaragua will be carried out in the southern border department of Rivas. The program aims to establish a multisectoral strategy to reduce the HIV/AIDS transmission rate in vulnerable populations, including mobile populations (*coyotes*, truck drivers, migrants, adolescents, and CSWs) that move through border crossing points. Technical approaches employed by this program include: syndromic management of STIs; design of communication strategies for behavior change in vulnerable populations; condom social marketing; and management of AIDS Action Groups for the development of a multisectoral sustainable response to the epidemic.

USAID regional HIV/AIDS programs are also active in Nicaragua:

PASCA is a regional program designed to strengthen Central America's capacity to respond to the AIDS epidemic. Financed by USAID, PASCA is operated through the **Academy for Educational Development (AED)** in collaboration with **The Futures Group International (TFGI)**. PASCA provides technical assistance on HIV prevention to governments, NGOs, and to the private sector in five Central American countries: Panama, Nicaragua, Honduras, El Salvador, and Guatemala. Project activities primarily center around policy dialogue, NGO strengthening, and grant provision for Central American NGOs working on HIV/AIDS/STI prevention.

Through **Population Services International (PSI)**, USAID funds the Pan American Social Marketing Organization (PASMO), established in Guatemala, Costa Rica, El Salvador, Belize and Nicaragua in 1996. The program's goals are to develop and expand partnerships with commercial, public, and non-profit groups; to leverage regional comparative strengths and reproductive health resources; and to create a more sustainable and effective condom social marketing program in the region. PASMO primarily targets groups at high risk of contracting HIV/AIDS, and sexually active adolescents. In April 1998, PASMO launched the sale of **VIVE (Live!)** condoms in El Salvador, Nicaragua, and Guatemala. To date, more than 8.1 million condoms have been sold throughout the region.

DONOR SUPPORT

The MOH is negotiating with the **InterAmerican Development Bank** the re-assignment of \$4 million in loan credits from the Health Sector Modernization Program to support the national HIV/AIDS program, as well as to subsidize the treatment of up to 900 persons living with HIV/AIDS.

Norway, through the **Norwegian Agency for International Development (NORAD)**, funded a three-year \$750,000 grant to PAHO to stimulate intersectoral coordination and promote social communication on HIV/AIDS in Nicaragua. Norway and **Sweden** are providing approximately \$3.6 million over three years to support regional HIV/AIDS

prevention programs among women and youth in Guatemala, Nicaragua, El Salvador, and Honduras.

UNAIDS contributed \$450,000 to national programs in Central America during 1998-99, and is beginning to provide funding for regional activities, such as the USAID-supported mobile populations initiative, and HIV/AIDS meetings and conferences.

CHALLENGES

A March 2000 USAID assessment of HIV/AIDS in Nicaragua (conducted through the Synergy Project), stated that a combination of economic, social, political, geographic and cultural factors set the stage for a more serious epidemic, moving from high-risk groups to the general population. Nicaragua faces several challenges that impact HIV/AIDS prevention efforts, including:

- Displacement due to war and disaster. In addition to the decade-long civil war, the country is still recovering from 1998's Hurricane Mitch; HIV/AIDS is especially prevalent in areas affected by the hurricane;
- A growing commercial sex trade in areas with a high concentration of transient workers;
- A highly mobile population and increasing migration;
- A large youth population (43 percent of population is under age 15) with little access to sex education and information on HIV/AIDS; and
- Lack of a condom culture. The 1998 Demographic and Health Survey (DHS) found that only 1.6 percent of sexually active men reported even occasional use of condoms.

SELECTED LINKS AND CONTACTS

1. National AIDS Program: Programa Nacional de Prevención y Control de las ETS/VIH/SIDA, Ministerio de Salud Pública, Complejo Nacional de Salud “Dra. Concepción Palacios”, Colonia Primero de Mayo, Managua, Nicaragua. Tel: (505) 289-4402, Fax: (505) 289-4402, E-mail: paor@ops.org.ni.
2. PAHO Country Office: Dr. Patricio Rojas, Representante de la OPS/OMS en Nicaragua, Oficina Sanitaria Panamericana, Complejo Nacional de Salud, Camino a la Sabana, Apartado Postal 1309, Managua, Nicaragua. Tel: (505) 289-4200/4800, Fax: (505) 289-4999, E-mail: e-mail@nic.ops-oms.org, Website: www.ops.org.ni.

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Please direct comments on this profile to: info@synergyaids.com.

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